

DIGITAL NOMAD

[Definition] Individuals wishing to work remotely in Japan for their US company with NO remuneration from Japanese company

[Eligibility] For eligible countries or regions, please visit [the Immigration Services Agency website \(English\) \(PDF\)](#)

[Term of Stay] Over 90 days and not exceeding 6 months (no extension)

[Validity of Visa] A visa is valid for 3 months from the date of issue. Therefore, you must enter Japan within this time frame.

<CHECKLIST>

Please **do NOT** staple/clip/tape/use tabs or sticky notes on documents.

YOU MUST APPLY WITHIN 3 MONTHS OF ENTERING JAPAN

| | | |
|-----------|--|---|
| 1 | Valid Passport | Valid Passport with at least one completely blank visa page. |
| 2 | Proof of your U.S. Immigration Status | <p>Copy of U.S. VISA (Please submit copies only. Copies must be clear and legible.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Resident (Green Card, Advance Parole, or I-551) AND proof of extension if expired <input type="checkbox"/> H1B Visa /H4 Visa/ L-1 Visa <input type="checkbox"/> I-797A (if applicable) <input type="checkbox"/> F-1 Visa AND <input type="checkbox"/> I-20 with a Valid Travel Endorsement Signature, page 1 and 2 <input type="checkbox"/> J-1 Visa AND <input type="checkbox"/> DS2019 with a Valid Travel Endorsement Signature <input type="checkbox"/> Employment Authorization Card (ONLY if valid for I-512 Advance Parole) |
| 3 | <u>Visa Application Form (SAMPLE)</u> | <ul style="list-style-type: none"> ✓ Your signature must match your passport signature. Please include E-MAIL address on form. ✓ Must include your intended date of departure from the U.S. and the dates of arrival in Japan. |
| 4 | Facial Photo | <p>ONE passport style photo (2"x2" or 2"x1.4") on glossy photo paper taped to the application form.</p> <ul style="list-style-type: none"> ✓ Must be taken within 6 months ✓ Do not use photo apps that may alter your facial image ✓ Using plain background facing forward showing full face, head and top of shoulders, no glasses |
| 5 | Certificate of Eligibility | <p>Copy of front and back of the Certificate of Eligibility (or, copy of entire email including COE information from Immigration Service Agency of Japan if you file online)</p> <p><u>(Note) If you don't have the certificate of eligibility, submit ALL OF THE FOLLOWING:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicant's detailed planned activities and period of stay in Japan (Form) (Word) (See page 2) <input type="checkbox"/> Documents proving that the applicant's annual income is JPY 10 million or more. Provide ALL the applicable: ✓ Tax payment certificate ✓ income certificate ✓ W2 ✓ Certificate of employment WITH most recent pay stub ✓ Most recent US bank statement ✓ contract with a business partner (which clearly states the contract period and the contract amount.) <input type="checkbox"/> Proof of applicant's insurance against death, injury or illness during their stay in Japan (compensation for medical treatment for injury or illness must be JPY 10 million or more). Please make sure this coverage is valid specifically for Japan for the entire duration of your stay and must include Accidental Death and Dismemberment. Employer provided coverage is NOT ACCEPTABLE, you must provide proof of independently held coverage. (Note) A copy of the certificate of insurance coverage and policy summary, a copy of the credit card and documents proving supplementary compensation. <input type="checkbox"/> Explanation of Coverage under Private Medical Insurance (reference format) (See page 3) |
| 6 | For Spouse and/or Child Applicants | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Marriage Certificate w/translation by professional <input type="checkbox"/> Copy of Birth Certificate w/translation by professional |
| 7 | Proof of Residence | <p>Submit ONE of the following to match with your current address in our jurisdiction:</p> <ul style="list-style-type: none"> <input type="checkbox"/> COPY of your valid California/Nevada Driver's license/ID card (Copies must be clear and legible) <input type="checkbox"/> Most recent utility bill, bank statement, health insurance bill, or valid lease agreement (if recently moved) showing your full name, current address and statement date. <p>* You must live within our jurisdiction to apply through our office. (Northern and Central California & Nevada)</p> |
| 8 | VISA FEE | <p>Exact amount in MONEY ORDER made payable to "Consulate General of Japan". Please write in PRINT LETTERS applicant's full name in the FROM field.</p> <p>CASH accepted for Drop-off only. NO personal checks accepted. US Citizens are exempt from the fee.</p> |
| 9 | <u>Release of Liability</u> | ONE Completed Release Of Liability (see page 3) |
| 10 | Prepaid USPS Return Envelope | <p>PREPAID USPS SELF-ADDRESSED RETURN ENVELOPE with tracking number.</p> <p>Service must be USPS (US Postal Service) Only. *Priority Mail or Priority Express Mail is strongly recommended. Please keep your tracking number information on your end to track.</p> <p>We are not able to return by FedEx, UPS, or DHL. Passports cannot be picked up in-person.</p> |

* Visa applications must be submitted [by mail or drop-off](#). There is NO in-person application process.

* We take a **minimum of 5 business days** to process with sufficient documents. We do not have expedited services.

* Please do **NOT** staple/clip/tab/put sticky notes on documents. All documents must be written in English.

* Please submit a set of documents for **each** applicant. You may **not share** your documents. We **do not** make copies.

* If necessary, additional documents may be required other than the documents listed above.

* All documents must be written in [English](#) or Japanese.

Date _____
 dd/mm/yyyy

Description of intended activities
 (活動予定表)

| | | | |
|--|--|---|--------------------------|
| Name of applicant 申請者氏名 _____ | | | Date of birth 生年月日 _____ |
| Surname _____ | Middle _____ | Given _____ | dd/mm/yyyy |
| Phone 電話番号 _____ | | e-mail _____ | |
| ※日本で連絡可能な連絡先を記入してください。 Please provide a phone number reachable in Japan. | | | |
| Name of your spouse or parent with Digital Nomad visa ノマドビザを取得し本邦でリモートワークを行う配偶者又は親の氏名 _____ | | | Date of birth 生年月日 _____ |
| Surname _____ | Middle _____ | Given _____ | dd/mm/yyyy |
| Period 期間 From To dd/mm dd/mm | Name of the city and prefecture where you intend to stay. 滞在予定都道府県・都 市を記入してください。 | Please provide a description of your intended activities during your stay in Japan. 日本での活動内容を記入してください。 e.g. Based on the (Type of contract) with (Company name) in (Country), I will work remotely for XX hours per week, including meeting and document preparation 例 ●●国の●●(企業名)との●●契約に基づき、週に●●時間程度オン ラインミーティング等のリモートワークに従事する。 | |
| From To | | | |
| From To | | | |
| From To | | | |
| From To | | | |
| From To | | | |

Explanation of Coverage under Private Medical Insurance

民間医療保険の補償内容に係る説明書

Name of applicant 申請人氏名 _____
Surname Middle Given

Name of the insurance company 保険会社名 _____

Name of the insurance plan 保険プラン名 _____

Insurance effective date 保険期間開始日 _____
dd/mm/yyyy

Insurance expiry date 保険期間満了日 _____
dd/mm/yyyy

- ※ The insurance coverage must be valid for the duration of stay in Japan.
日本への滞在予定期間に応じた保険期間である必要があります。

The coverage amount for medical expenses 傷害・疾病への治療費用補償額

The coverage amount 補償額

Unlimited 上限なし

- ※ Please check the applicable box and fill in the coverage amount.

該当欄をチェックし、補償額を記入してください。

- ※ The coverage for medical expenses must be **more than 10 million JPY**.

傷害・疾病への治療費用補償額は日本円で **1,000万円以上**である必要があります。

Death benefit or repatriation costs in case of death 死亡保険金又は遺体の本国搬送費用

The coverage amount 補償額

Unlimited 上限なし

- ※ Please check the applicable box and fill in the coverage amount.

該当欄をチェックし、補償額を記入してください。

Please attach the documents that verify the above information.

上記の内容を証明する資料を提出してください。

RELEASE OF LIABILITY

To the Consulate General of Japan in San Francisco,

I will not hold the Consulate General of Japan in San Francisco liable for any loss, damage or delivery delay of my documents while being mailed to and from the Consulate General of Japan in San Francisco.

I will take full responsibility for the transportation of these documents.

I also understand that I will verify that all my information on my Japanese visa is correct upon receiving my passport after the consulate processes my visa application.

initials _____

Print your full name: _____

Your signature: _____

NOTE: Your signature must match your passport signature.

Date: _____